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FACSIMILE TRANSMISSION

Date:	28 January 2005
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United States Patent and Trademark Office To:

ABBOTT, YVONNE RENEE Examiner:

U.S. Patent Application No.: 10/775,106

February 11, 2004 Filing Date:

3644 Group Art Unit

(703) 872-9306 Fax Number:

Vikki Richardson From: 6867-1A

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			Application Number	10/775,106
TRANSMITTAL FORM		Filing Date	02/11/2004	
		First Named Inventor	William R. Sharpe	
(to be used for a	(to be used for all correspondence after initial filing)		Art Unit	3644
			Examiner Name	Abbott, Yvonne Renee
Total Number of Pa	ages in This Submission	14	Attorney Docket Number	6867-1A
		ENCLOS	URES (check all that apply	
Extension of Express Aban Information D Certified Cop Document(s) Response to incomplete A	Reply Final avits/declaration(s) Time Requast adonment Request isclosure Statement by of Priority Missing Parts/	Petition Pedition Provistor Power o Change Termina Reques	g-related Papers to Convert a nai Application of Attorney, Revocation of Correspondence Address il Disclaimer of for Refund mber of CD(s)	After Allowance communication to Technology Center (TC) Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please identify below):
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Firm or Individual name	Ian Fincham, Regn. McFadden, Finchan Suite 606-225 Metra	No. 26,375 olife Street, Ottaw	a, Ontario, Canada K2P 1P9	
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriatons Act, 2005 (H.R. 4818) Application Number 10/775,106 02/11/2004 Filing Date William R. Sharpe First Named Inventor Y 2005 Abbott, Yvonne Renee Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3644 Attorney Docket No. 6867-1A TOTAL AMOUNT OF PAYMENT \$225.00 METHOD OF PAYMENT (check all that apply) ☐ None Other (please identify): ☐ Check Credit Card Money Order Deposit Account Name: McFadden, Fincham Deposit 13-0398 Deposit Account Number: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below, except for the filing fee Charge fee(s) indicated below Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES** FILING FEES **SEARCH FEES** Small Entity Small Entity Small Entity Fees Paid(\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Application Type 250 200 100 300 150 500 Utility 65 200 100 100 50 130 Design 80 100 300 150 160 200 Plant 600 300 500 250 300 150 Reissue ٥ Ω ٥ 200 100 Ò Provisional Small Entity 2. EXCESS CLAIM FEES Fee (\$) <u>Fee (\$)</u> Fee Description 25 50 Each claim over 20 (including Reissues) 200 100 Each independent claim over 3 (including Reissues) 360 180 Multiple dependent claims Multiple Dependent Claims Fee Paid (\$) Fee Paid (\$) Fee_(\$) Extra Claims Fee (\$) Total Claims - 20 or HP = \$25.00 \$0.00 HP = highest number of total claims paid for, if greater than 20. Fee Paid (\$) Fee (\$) Indep, Claims Extra Claims - 3 or HP = \$100.00 \$0.00 HP = highest number of independent claims paid for, if greater than 3. If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1,52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). 3. APPLICATION SIZE FEE Fee Paid (\$) Egg.(\$) Number of each additional 50 or fraction thereof Extra Sheete **Total Sheets** \$0.00 x \$125.00 / 50 (round up to a whole - 100 = Fee Paid (\$) 4. OTHER FEE(S) Non-English specification, \$130 fee (no small entity discount) \$225.00 Other (e.g. late filing surcharge): Extension of Time

SUBMITTED BY	0.00	· · · · · · · · · · · · · · · · · · ·			
Signature	Huteken	Registration No. (Automoy/Agent)	26,375	Telephone	613-234-1907
Name (Print/Type)		Ian Fincham		Date	January 28, 2005

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